PROVISIONAL
For participants only

E/1993/SR.23
28 March 1994

ENGLISH
Original: FRENCH

ECONOMIC AND SOCIAL COUNCIL

Substantive session of 1993

PROVISIONAL SUMMARY RECORD OF THE 23rd MEETING

Held at the Palais des Nations, Geneva,
on Tuesday, 6 July 1993, at 10 a.m.

President: Mr. HUSLID (Norway)

CONTENTS

Coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system related to the following themes:

(b) Coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera (continued)

Corrections to this record should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of this document to the Official Records Editing Section, room E.4108, Palais des Nations, Geneva.

GE.93-70090 (E)

The meeting was called to order at 10.20 a.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEMES: (agenda item 2)

(b) COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA (continued) (E/1993/68)

Mr. SINGH (India) said that India advocated vigorous action to implement the Global Malaria Control Strategy, adopted in 1992 by the Ministerial Conference on Malaria in Amsterdam. It was for the United Nations and other agencies concerned to ensure a coordinated follow-up.

There were four important areas in malaria control where resources could be effectively invested: intensification of research, primarily because of increasing resistance of vectors to insecticides and of parasites to conventional drugs; mobilization of international assistance to deal with malaria in countries where it was endemic, which would automatically strengthen coordination and monitoring mechanisms; improvement of delivery systems, including both expansion and qualitative improvement; and the setting-up or identification of a central mechanism or organization, at both the international and country level, to implement, coordinate and review progress. Such a mechanism was essential to avoid duplication or wastage.

On the issue of diarrhoeal diseases, he said resources and coordination were vital in the long term for reduction of morbidity, provision of safe drinking water, sanitation, primary education and education of mothers. In the short to medium term, Governments and international agencies should give priority to improving the case management of diarrhoea, an area that had not been adequately addressed and that required continued and expanded training of health personnel; educating mothers to enable them to take care of children suffering from diarrhoea at home with fluids, to continue feeding during diarrhoea and to recognize the early signs of dehydration; and ensuring widespread distribution and use of oral rehydration salts, which would require more resources to strengthen national programmes.

In all those areas, which were not only priority areas but would also provide the best possible return on investment, all decisions should be taken at the country level, in close consultation with United Nations bodies.

Mr. JARAMILLO (Colombia) noted that malaria attacked groups of people who were often already the victims of war, drought and famine, namely the least developed and most disadvantaged population groups. However, the development of a new vaccine by a Colombian team gave some cause for optimism. According to tests conducted in several Latin American countries, there was an initial protection rate of 77 per cent for children under five years of age and 67 per cent for adults over 45 years of age, and the results with secondary episodes were even better. Colombia had therefore patented the vaccine with the World Health Organization, which would be in charge of completing its development, mass-producing it and distributing it to the population groups that needed it.

More generally, it was essential to strike a better balance between investment in development and investment in the struggle against malaria and diarrhoea, which in turn required better coordination among United Nations bodies. Research should not be limited to the development of vaccines and treatments, but should also cover socio-cultural factors that encouraged the transmission of such diseases or made it difficult to treat them. In that regard, an indispensable aspect of coordination was the systematic exchange of information among all the organizations concerned, including non-governmental organizations, and the strengthening of the early warning mechanisms designed to prevent epidemics.

His delegation believed that progress would not really be possible unless coordination was also established with the Governments concerned and the competent national services. The idea of establishing national coordination bodies should be developed further, in order to attain "critical mass" in respect of national capacity, in particular prevention. For its part, the Colombian Government was fully committed to the campaign for the prevention and complete elimination of malaria and cholera.

Mr. MANCZYK (Poland) noted that, among the diseases identified as requiring coordinated protective action, malaria and diarrhoeal diseases affected primarily the developing world. There were known prevention mechanisms, but, although the United Nations had been successful in eradicating and controlling some diseases, it seemed that with regard to malaria and diarrhoea, many problems still existed and in some respects they were becoming worse.

One difficulty was the imprecise definition of the roles of the various United Nations bodies: the World Health Organization, whose mandate was to coordinate health-related activities, could only fulfil its mandate effectively if it had at its disposal all the resources that the world community devoted to that sector. However, many other organizations were active in the health sector, such as UNICEF, the World Bank, UNDP, etc. In practice, those organizations were in competition for resources from donors, and, what was even more serious, they competed within countries by proposing to Governments different and at times conflicting ways of solving health problems. His delegation believed that the time had come to reconsider the role of the various United Nations bodies and to reassess their mandate within the system, since it was only by coordinating their activities that they could achieve the necessary efficiency in fighting malaria and diarrhoeal diseases.

WHO should be fully responsible for epidemiological diagnosis, planning and the evaluation of measures leading to the eradication and control of malaria and diarrhoeal diseases. The corresponding activities performed by other agencies, together with the funds allocated to them, should be entrusted to WHO as the executing agency. It should also be responsible for setting standards for environmental measures, water supply and food quality control.

Mr. QUAUNINE (Bangladesh) said that Bangladesh was particularly interested in the intensification of the struggle against malaria and diarrhoeal diseases because those diseases, especially cholera, were endemic in Bangladesh. Malaria research was faced with serious difficulties in Bangladesh, due to the shortage of external resources, but the diarrhoeal research centre in Dhaka had become one of the world's finest and was known for having developed new oral rehydration salts.

A number of forums had expressed the need for coordination among the various United Nations bodies, in particular the General Assembly in resolution 47/199, and no agency had denied the importance of coordination. Since every United Nations agency had its own mandate and competence, the concept of a "sole lead agency" appeared to be impractical, and a preferable solution might be the idea of "complementarity" as proposed by UNICEF. Nevertheless, one agency would have to assume a leadership role up to a certain point, as WHO had been doing for tropical disease research programmes with the World Bank and UNDP. Since it appeared to be scientifically possible to rid the world of malaria and diarrhoeal diseases, it would be deeply regrettable not to be able to take advantage of scientific progress or the sizeable resources of the donor countries because of a lack of coordination.

Like the representative of the United States, he regretted that the Secretary-General's recommendations did not include a specific plan, time-frame or responsible agency. On the other hand, problems of country-level and community-level coordination were clearly pointed out, and Bangladesh, whose Government was giving high priority to those types of problems, urged donor countries, specialized agencies and international financial institutions to focus attention on them. A sound coordination mechanism at the national level was essential, and without it there was no point in spending time and energy on international coordination.

Mr. PEREZ DEL SOLAR (Peru) said that the economic crisis that had been affecting Peru for several years had forced his Government to adopt an economic stabilization and structural adjustment programme and a welfare programme, which had received support from the international community and the international financial institutions.

Peru also had to cope with terrorism, which in the past 12 years had caused the deaths of approximately 25,000 persons and prevented many other citizens from effectively exercising their rights.

Those circumstances explained why the health situation in Peru was deplorable. However, as its health budget showed, the Peruvian Government was not remaining inactive. Peru was currently engaged in a process of transition from the traditional concept of "health expenditures" to that of "investments in

the health sector". Health could in fact become the driving force of development.

In that context, the Peruvian Government emphasized that it was essential to link the efforts of national authorities to those of the international community. Such cooperation had proved its worth during the cholera epidemic that had hit the country in 1991 and 1992. From the onset of the crisis, WHO had made considerable efforts to meet the specific needs identified by the Government, especially with regard to medicine, hospital infrastructures and medical supplies. In that connection, Peru wished again to express its gratitude to WHO for having launched an appeal for international health assistance. As a result of that appeal, Peru had received medicine and supplies amounting to over $6 million.

The cholera epidemic had had repercussions not only on public health, but also in the economic sphere. Restrictive trade measures had had a negative impact on Peruvian exports. There had been exemplary coordination with WHO: in particular, WHO had issued two press releases explaining that the risk of cholera transmission through imported food was virtually non-existent.

His delegation felt that the outstanding form of coordination that had developed in the case of the cholera epidemic should be continued through international cooperation aimed at preventing such crises. That cooperation might take the form of financial assistance for the hiring and training of health engineers and an intensification of technical and financial cooperation with the National Health Institute, for the purpose of establishing a network of emergency laboratories and developing an epidemiological monitoring mechanism.

Mr. DORJI (Bhutan) said that the report of the Secretary-General and the Global Malaria Control Strategy adopted at the Ministerial Conference in Amsterdam provided a useful introduction to the item before the Council. Sadly, it seemed that no technical or medical breakthroughs in combating both malaria and cholera were likely for years to come. It was also alarming to note that the diseases were resistant to treatment with existing drugs.

Bhutan believed that it was essential to put the victims in the centre of any strategy. That would involve creating educational materials that were adapted to local settings, including religious, cultural and other factors. If those affected by diseases were better informed, they would be able to take

better care of themselves. The success in dealing with the outbreak of cholera in Peru had been largely due to the effort invested in informing the community affected. In that connection, his delegation supposed that UNICEF, WHO, FAO, UNDP and others had already given close study to the use of appropriate teaching aids and media and had extensive experience in the field. In any event, Bhutan believed that that aspect of the fight against the two diseases had not received enough attention in the discussion.

Mrs. ASHIPALA (Observer for Namibia), noting that the Secretary-General referred to the risks of malaria epidemics in Namibia, said that in 1990-1991 there had been 300 deaths from malaria in the northern part of the country. Most significant was the fact that that tragedy had struck the rural areas, where the health infrastructures were most lacking. If the population groups in question had been better informed about malaria and the ways of preventing it and controlling its effects, many of those deaths could certainly have been avoided.

Namibia fully endorsed the Global Malaria Control Strategy, adopted in Amsterdam in 1992 by the Ministerial Conference on Malaria organized by WHO. In its view, however, that would not be sufficient. Educational activities at the community level should be reinforced, so that the people at risk might learn what they could do to help themselves. The countries affected should also conduct systematic exchanges of information, and not simply establish contacts between ministers of health: the non-governmental organizations and even the private sector should also participate in that endeavour. Finally, more substantial financing should be provided if the terrible disease of malaria was to be overcome in Africa.

Namibia considered the information provided by the Secretary-General on the cooperation that was taking place among various United Nations agencies, especially WHO and UNICEF, to be very encouraging. It was an example of the positive attitude that would guarantee the effectiveness of the world anti-malaria campaign.

Mr. BIN RIMDAP (Nigeria) said that, while he shared the Secretary-General's view that the primary responsibility for disease prevention and control activities lay with national authorities, substantial resources must

also be made available for technical assistance, so that Governments could set up adequate medical infrastructures and train the required personnel. Substantially increased resources should be given to the lead agency, WHO, to strengthen national efforts. In that connection, his delegation hoped that the Global Malaria Control Strategy would be implemented vigorously in order to conquer the disease.

As the Secretary-General's report showed, cholera and malaria were especially lethal in Africa because they were associated with poverty, attacking the most vulnerable groups of society. That factor had been aggravated by uncontrolled structural adjustment programmes. In fact, acknowledging that malaria and diarrhoeal diseases, in particular cholera, were prevalent in poor societies meant acknowledging that their eradication involved the elimination of poverty itself.

Nigeria also believed that early warning systems should not be relaxed as soon as epidemics were over. In Nigeria, for example, after the cholera epidemic had been successfully contained in the 1970s, the disease had returned in 1991 and 1992. Finally, Nigeria appealed to the donor community to use local personnel, so far as possible, in the provision of technical assistance to governments.

Mr. VRATUSA (International Center for Public Enterprises in Developing Countries) described the activities of the International Center for Public Enterprises in Developing Countries, whose headquarters was in Ljubljana (Slovenia). It was an intergovernmental centre that also concerned itself with private and cooperative enterprises, responding to international developments and the needs of developing countries. It had established fruitful cooperation with multilateral United Nations agencies and other national and international research institutions. In the 1990s, it was concentrating on the restructuring of national economies and privatization in developing countries and countries with economies in transition, on public enterprise reform based on performance effectiveness, and on private and public sector interaction. During the academic year 1989-1990, the Center had launched an international MBA programme for executives in management and administration. It was also preparing a course on integrated ocean and environment management. In conclusion, he referred members

to an informal document distributed in the meeting room, in which the Center's functions and projects were described in detail.

Mr. Van CRAEN (Belgium), speaking on behalf of the European Community and its Member States, noted that the World Bank, UNICEF and WHO devoted a relatively modest proportion of their budgets to combating diarrhoeal diseases and malaria. He wondered whether that was due to the fact that action was not very costly and much could be done with scant resources, or on the contrary that the resources available were so plentiful that none of the three agencies had to make a particular effort to combat those diseases?

The Secretary-General's recommendations and conclusions on coordination did not establish priorities in public health and hygiene programmes and community health education. How did UNDP, UNICEF, UNESCO and the other participating parties intend to correct that omission?

Mr. PENNANEACH (Togo) said that the reason why 1 million people, 90 per cent of whom were Africans, died of malaria every year was that the disease was again gaining ground due to the fact that the anopheles mosquito was becoming more and more resistant to insecticides. He pointed out that in Africa, diarrhoeal diseases and malaria killed more people than AIDS and cancer, which were at the centre of international concern.

The Secretary-General put forward several recommendations that should improve coordination of action at the world and regional levels, which were aimed in particular at balancing investments so as to ensure that development would be both sound and durable. From that standpoint, the question arose whether, at the practical level, UNICEF, WHO and UNDP intended to harmonize their positions and give effect to those recommendations.

Mr. MONGBE (Benin) said he wondered about the direct cost of malaria in Africa, which according to the Secretary-General was in the vicinity of $2 per case. Even in the simplest cases, malaria treatment was evaluated at $20 or $30, at least in western Africa. How had the figure indicated by the Secretary-General been calculated?

If the Colombian vaccine was approved by WHO, its cost must be maintained at the lowest possible level, since malaria affected the poorest strata of the population. WHO had managed to eradicate smallpox from the face of the earth,

because the smallpox vaccine had been readily available to all, often even free. Would the same be done for the malaria vaccine?

Mr. HENDERSON (World Health Organization), replying to the Belgian representative, said that the funds which the World Bank, UNICEF and WHO earmarked for combating diarrhoeal diseases and malaria were quite clearly insufficient. All three agencies' activities would be much more effective if more substantial resources were available to them. For WHO at least, the problem was where to obtain those extra funds: its large-scale vaccination programme was not yet fully funded and tuberculosis had become a world problem, not to mention AIDS, cancer and other diseases. WHO believed that it had established equitable proportions among all those activities.

Consideration should also be given to financing of more general programmes, for example in sanitation and education, which also helped to combat the diseases in question. WHO was in the process of reviewing its entire budgetary system and its order of priorities. That would be done under the supervision of the member States, which could make adjustments in WHO's range of programmes if they so desired.

The representative of Togo had asked what the agencies concerned intended to do to give effect to the Secretary-General's recommendations. For its part, WHO intended to continue its cooperation with its various partners, on the basis of the Global Malaria Control Strategy adopted in Amsterdam in 1992. That coordination would set an example for the other agencies.

The delegation of Benin had asked about the cost of malaria treatment in Africa. The figure given by the Secretary-General referred to the simplest cases, where the patient was given some Chloroquine tablets and sent home. When hospitalization was involved, treatment was clearly more costly.

WHO was obviously quite interested in developing the Colombian vaccine, but it had learned from experience to temper its enthusiasm, as the subsequent course of events was all too often disappointing. The advantage of the vaccine was that it might be possible to manufacture it at very low cost and therefore, to make it available on a world-wide scale. In the expectation of low-cost production, WHO, UNDP and UNICEF had launched a children's vaccination programme, with the support of the Rockefeller Foundation.

Mr. HADDAD (World Bank) noted that the figures given by the Secretary-General in the report under review covered only one year, and that situations changed quite a lot from one year to the next. A better idea of the costs of combating diarrhoeal diseases and malaria could be obtained if a longer period was considered. In addition, the figures referred to very specific and selective activities, whereas broader programmes (building health centres, for example) helped to combat those diseases without necessarily appearing in the statistics.

The World Bank merely lent money to Governments that requested it; it was therefore not in a position to control the main areas of activity in which that money was spent. The Bank simply noted that loan requests were increasing most rapidly in the health sector; in other words, countries were attaching more and more importance to health. The total budget for the sector should soon reach $1 billion at the World Bank.

With regard to coordination of the competent agencies' activities, he said a combined use of resources from such a variety of sources was not easy. The World Bank mobilized its resources from private financial circles and placed them at Governments' disposal in the form of loans. That was why it was impossible for it to merge them with, for example, UNICEF's resources. In fact that was not a disadvantage for the countries in question, since it meant that they could benefit from a number of different perspectives and objectives. Similarly, it was impossible to give WHO exclusivity with regard to execution. When the World Bank granted a Government a loan, it was for the Government to choose the executing agency for the programme envisaged, whether that was WHO or some other agency.

Mr. ALTESMAN (United Nations Children's Fund), replying in particular to the remarks of the representative of Belgium on the question of resources, said that certain figures might be confusing. For example, in UNICEF's budget expenditures, the item entitled "oral rehydration therapy" did not represent the total amount of the Fund's work in that sector, since a large number of activities were included in more general programmes. In addition, it was difficult to establish a direct link between the amount of expenditure allocated to a particular activity and the importance attached to that activity. Certain operations were given priority precisely because they were less costly than

others: although they might appear to be modest in dollar terms, they involved a considerable workload and required a deep commitment from managerial staff and field officers.

The figures were also revealing since they showed a decrease in donors' contributions. That trend, which had been predicted, might in fact be more marked than had been expected.

In a more general context, the question was where to obtain funding to combat malaria and diarrhoeal diseases. The budgets of WHO, UNICEF and UNDP were not sufficient and could only play a limited catalytic role. In the face of a challenge that would have to be met collectively, a far-reaching restructuring of priorities was essential at the international and national levels, in both public development assistance and national budgets, with a view to allocating at least 20 per cent of resources to basic human needs. Linkage would have to be established with the priorities set as part of the adjustment processes and related budgetary discussions. Mobilization of efforts at the community level was also essential. In the final analysis, international and national resources should be used to strengthen community capacities so as to achieve the desired goals.

Mr. BOUTRIF (United Nations Food and Agriculture Organization) said that FAO was greatly concerned with coordination in its areas of competence relating to combating malaria and diarrhoeal diseases. In the sphere of food safety, for example, it had been cooperating with WHO for several years - because of the close links between nutrition and health - in particular, in the Codex Alimentarius Commission. The Codex Alimentarius was a joint programme for developing standards for quality and purity of food products which, as everyone knew, were an important vector of diarrhoeal diseases.

There were also joint committees of experts, for example on food additives and contaminants, and on pesticide residues. Those mechanisms were fully operational, but could be strengthened at the international and regional level with a view to focusing on the problems involved in the diseases in question.

On the subject of irrigation water, referred to by the German delegation, he said that FAO, together with WHO and UNEP, was taking part in the work of the Panel of Experts on Environmental Management of Vector Control, which provided a

good basis for increased coordination in that field at the international level. FAO was prepared to step up that type of cooperation, in particular with the agencies playing a leading role in that area, especially WHO.

Mr. BLAIN (United Nations Development Programme) noted that several delegations, in particular those of Belgium, Benin and Togo, had raised the question of allocation of resources and training. Because of the attention his organization devoted to human development and the devastating effects on it of the diseases under consideration, UNDP devoted substantial efforts to that problem in the activities it supported or financed. It was an active partner of WHO, the World Bank and UNICEF in their activities to contain those diseases.

UNDP contributed to the Special Programme for Research and Training in Tropical diseases and gave considerable support to the anti-diarrhoeal diseases programme. Under its own national, regional and global programmes, UNDP supported efforts at overcoming the problems caused by malaria and diarrhoeal diseases. Although a quantitative evaluation was difficult, UNDP's assistance in strengthening national capacities and institutional mechanisms was substantial.

Mr. HUMMON (United States of America) expressed surprise at the representative of the World Bank's statement that WHO could not be the sole executing agency since it was for the beneficiary countries to set priorities. National plans were clearly essential, but it should be borne in mind that cooperation between United Nations bodies and the World Bank was needed to achieve optimal coordination in executing projects and allocating resources, in order to provide the countries in question with the most effective plans possible.

Mr. HADDAD (World Bank) explained that he had been referring to the question whether WHO could be the permanent executing agent for the projects financed by his organization: he had not been speaking about policy and planning coordination. The Articles of Agreement of the World Bank specified that when the Bank granted a country a loan, it was for the country concerned to decide which agency would be the executing agency. In sectoral work, project preparation and cooperation with countries, the Bank acknowledged WHO's role as a technical agency and wished to strengthen coordination with it.

Mrs. SIMMONDS (United Kingdom) noted that much of the debate had dealt with the question of resources, malaria-related costs, competing pressures on the limited resources available and the need to establish priorities. That clearly showed how essential it was to make better use of existing resources, in particular through effective coordination.

Her delegation had already asked whether WHO or other agencies had any specific recommendations to make on how to overcome problems in that area, whether they arose because of differing viewpoints among the different institutions or confusion surrounding the role of the executing agent. It was clear from the statement by the representative of WHO that WHO intended to leave the coordination of efforts by the United Nations system to the countries concerned. In her delegation's view, although coordination by Governments was crucial, United Nations bodies should agree on what they could offer Governments and how they would provide assistance to them. She would therefore like to know what WHO and the other agencies intended to do in that respect.

Mr. HENDERSON (World Health Organization) stressed that the report before the Council had been prepared jointly by the organizations concerned, so that they agreed on the recommendations it contained. It was for the Council to provide other guidelines if necessary.

The activities of the various bodies of the United Nations system would continue to be based on the complementary advantages they possessed. Specific plans of action might emerge from the consultations they planned to hold later on. For the staff members of the organizations concerned to cooperate closely with one another, a psychological evolution was necessary. The preparation of the report before the Council had been a first step in that direction.

Mr. ALTESMAN (United Nations Children's Fund) said that it was more important to strengthen cooperation between his organization and WHO, for example, than to establish new vertical coordination mechanisms. The links between the two organizations were already quite close, in particular with regard to the campaign against diarrhoeal diseases. At the intergovernmental level, a joint committee of their respective governing boards defined their policies in the health sector and issued joint instructions in that area. There was also an

inter-secretariat mechanism in operation at all levels, through which the instructions issued by Governments could give rise to coordinated joint actions.

There were also several arrangements for improving coordination at the country level. The guidelines for strengthening the system of resident coordinators provided for the establishment not only of notes on national strategy, but also of coordination committees. Lastly, for coordination with bodies outside the United Nations system, such as bilateral aid sources and NGOs, there were the advisory groups sponsored by the World Bank and the UNDP round tables. Both could also be adapted to enable Governments and all international backers to focus on specific problems.

The meeting rose at 12.20 p.m.